

CITY OF MOUNTAIN VIEW SPECIAL EVENT APPLICATION

NONPROFIT ORGANIZATION	J:					
NONPROFIT TAX ID NO.:		DATE:				
ADDRESS:						
				(Home)		
E-MAIL ADDRESS:						
Will your event benefit a charitab						
If yes, name the charitable causes	:					
Applicant Name (print)		Applicant Signature				
	<u>I</u>	EVENT INFORM	ATION			
NAME OF EVENT:						
TYPE OF EVENT (i.e., walkathor						
DAY/DATE 1:	START TIME:			END TIME:		
				END TIME:		
	START TIME:			END TIME:		
				END TIME:		
STREET CLOSURE:	START TIME:			END TIME:		
AMPLIFIED MUSIC:		START TIME:		END TIME:		
START LOCATION:						
EXPECTED NUMBER OF PART			SPE	CTA	TORS:	
*If the event is a walkathon, run festival or street fair, attach a ma and type of merchandise vended	, etc., a	attach a map of rou ndicate location of	ite and/or str	eet c	losures. If the event is a	
	<u>]</u>	EVENT COMPO	NENTS			
☐ Streets blocked		Electricity to boot	hs		City parks	
☐ Sidewalks blocked		Vending of food			Booths erected	
☐ Tents		Alcohol served			Alcohol sold on-site	
☐ Vending of goods		Rides or amusements			Fireworks	
☐ Food cooked on-site		Animals allowed			Amplified music	
☐ Publicity banners hung		Cones needed			Barricades needed	
☐ City litter pickup		City sweeping			Temporary structures	
☐ City parking lots partially or completely closed		Vending of merch	nandise		Other	
		RETURN TO	<u>D</u> :			
City of Mountain View, Recreat	ion Di	vision, 266 Escuela	a Avenue, Mo	ounta	ain View, California, 94040.	
		ſ		OFF	FICE USE ONLY	
			APP. FEE:			
		INSURANCE:STREET CLOSURE.:				

WHITE: Office YELLOW: Police PINK: Applicant GOLDENROD: Fire

MP/5/CSD/207-03-14-02SEA

SOUND AMPL.:_____COUNCIL APPROVAL:_____

WHITE: Office YELLOW: Police PINK: Applicant GOLDENROD: Fire